



University	Department Name
Supervisor Name	Employee Name

Remote Work Assessment

This assessment is not required for implementing a remote work agreement. It is an optional form designed to help supervisors and employees review critical items that will determine if an effective and productive remote work arrangement is possible.

Both the supervisor and the employee should complete this form. Each section designates the person that would typically have this information, but it is suggested that this is completed jointly with discussion of each item. The questions should be answered in numerical order. Follow the instructions provided with each answer to progress through the form. Aside from an understanding of the job requirements, you may wish to refer to the position description as you complete this document.

NOTE: Not all questions will be applicable to every job or employee's circumstance.

Section A. Job Assessment - Supervisor completes

1. Does this job require the use of tools or equipment that is only available at the university location in order to fulfill the essential job duties (e.g. lab technician, facilities)?
2. Does this job require work to occur at a particular place that is designated by the university (e.g. residence hall assistant, police, field research technician)?
3. How frequently does this job require in-person interaction with students or other customers (e.g. bursar's payment desk, faculty)?
4. How frequently does this job require on-site coverage of department office hours (e.g. IT on-site support)?

5. List other job functions that may be impacted by a remote work arrangement. Explain the function, how it is impacted and how negative impacts can be mitigated. [Continue]

Section B. Remote Work Location - Employee Completes

6. Is the internet or broadband services at the remote location able to support connecting to the UA network via VPN and the critical functions of the job (e.g. data analysis, attending Zoom meetings)?

7. Does the remote work location have the ability to secure equipment, documents, and other files so that others in that location do not have access (e.g. locked file cabinets for document storage, secured location for laptop)?

8. Is the remote work location reasonably free from distractions (e.g. family members do not consistently disrupt work time, loud noises do not consistently interrupt meetings)?

9. List other items impacting the ability to work effectively in the remote work location. Explain the issue, how it impacts performance and how negative impacts can be mitigated. [Go to item 10]

Section C. Assessment Summary - Supervisor Completes

10. Were any of the questions answered with “Part of the time”? If yes, go to item 11. If not, this position and the remote work location is eligible for a remote work agreement. It is suggested that you complete the Remote Work Expectations document to assist in designing the most effective work arrangement.

11. Review the questions above and make note of any questions that were answered “Part of the time”. List the actions that would need to occur in order for the negative impact to the job or work location to be mitigated. Make those notes below. If it is decided that a remote work agreement should occur and if a formal agreement is required or wanted, it is suggested that these items are included in the “Special Conditions” field on the agreement and that you complete the [Remote Work Expectations](#) document to assist in designing the most effective work arrangement.

12. This position does not qualify for remote work.

13. The work location does not qualify for remote work.

Section D. Additional Comments and Certification - Supervisor and Employee Completes

Completed by the following on the indicated date.

Employee Signature _____ Date _____

Print Name _____ Title _____

Supervisor Signature _____ Date _____

Print Name _____ Title _____